

West Virginia Department of Education
Classroom Verification Form for Classroom Training or School Training Solutions
Online Program

Trainee's Name _____

Training Required	Minimum Credit Hours	Actual hours	Trainer's Initials	Trainee's Initials	Date Completed
Accidents & Emergencies	1 Hour				
Blind Spots/Danger Zones & Mirrors	1 Hour				
Emergency Evacuation	1 Hour				
Controlling the School Buses	2 Hours				
Detecting Hazards	1 Hour				
Emergency Driving Techniques	1 Hour				
Field Trips	1 Hour				
Loading Unloading Procedures	1 Hour				
Passenger Control	1 Hour				
Pre-trip Inspection	1 Hour				
Railroad Highway Crossing	1 Hour				
School Bus Operator Roles Responsibilities	1 Hour				
School Bus Transportation Policies & Procedures	2.5 Hours				
Alcohol and Drug Testing Requirement	1 Hour				

Training Required	Minimum Credit Hours	Actual hours	Trainer's Initials	Trainee's Initials	Date Completed
Certification Test	1 Hour				
Special Needs Per Policy 4336	6 Hours				
First Aid (in class)	3 Hours				
CPR	3 Hours				
Policies 2525, 4373 and 5902	2 Hours				

Additional Training	Minimum Credit Hours	Actual hours	Trainer's Initials	Trainee's Initials	Date Completed
Chain Installation	1 Hour				
Basic Fire Extinguisher Training	.5 Hour				
CDL Prep	2.5 Hours				
Hands-On Mirror Grid	1 Hour				
Hands-On Pre-Trip	3.5 Hours				

Minimum 40 hours

Total Hours _____

I, the trainer, certify that the trainee has received the minimum required training above.

Sign and Print Name

I, the trainee, certify that I have received the minimum required training above.

Sign and Print Name

Bus Operator Daily Training Documentation

Trainee's Name _____
County _____

This form documents the daily training provided to each individual trainee.

NOTE: All night time training has to be done after dark.

Date	Start Time	End Time	Total Time	Trainee Initial	Trainer Initial	Number of Trainees Present	Topics Covered

Trainee Signature _____
Trainer Signature _____

West Virginia Department of Education Additional Training Verification Form

Trainee's Name _____

List Additional Training	Hours	Trainer's Initials	Trainee's Initials	Date Completed

Total Additional Hours _____

I, the trainer, certify that the trainee has received the additional training above.

Sign and Print Name

I, the trainee, certify that I have received the additional training above.

Sign and Print Name